

REQUEST FOR DONATION/CONTRIBUTION
FROM THE TOWN OF SPRINGERVILLE
(Non-Profit Organizations Only)

DATE: _____

PLEASE BE AS SPECIFIC AS POSSIBLE WHEN REQUESTING A CONTRIBUTION FROM THE TOWN.

1. Who is requesting funds? _____
2. Amount Requested. _____
3. Is the total amount needed being asked from the Town of Springerville? __Yes __No
If not, who will furnish the balance of funds needed? _____
4. Who will benefit from these funds? _____
5. What is the money to be used for? _____
6. Name and address where check should be sent if approved? _____

7. When do you need the money? _____
8. How will the people of Springerville benefit from the activity funded? _____

9. What Economic benefit will be gained by the Town of Springerville? _____

10. What other efforts have been utilized to raise funds for this organization.? _____

NOTE: MAXIMUM DONATION IS \$500.00
MAXIMUM CONTRIBUTION IS BASED ON REVENUE TO TOWN

THIS SECTION FOR TOWN USE

1. Was this donation considered and approved during the budget process? _____.
 2. Is there sufficient money in the budget to cover this request? _____.
- By majority vote, this request has been _____APPROVED _____DENIED
by the Springerville Town Council. On _____, 19____.

Amount approved \$ _____. To be paid by _____(Date)

Check to be made payable to: _____

Address: _____

Account code _____
